

## South Dakota Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).  
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
AURORA	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
BENNETT	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
BON HOMME	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan							Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service						Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																	Mail Order Offered
BROOKINGS	DAKOTACARE	HeartLine Plus	*						\$195.71	\$179.39	*	Reduced		*		*	86	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*	
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*	
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
		Sterling Option I				*			\$38.00	-									
		United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			*					\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*					\$70.80	\$40.58		*		*			90	*
	MedicareBlue PPO Enhanced			*					\$84.02	-									
	MedicareBlue PPO Enhanced Plus Rx 1			*					\$124.60	\$40.58		*		*				90	*
	MedicareBlue PPO Enhanced Plus Rx 2				*				\$137.92	\$53.90	*			*				97	*
BROWN	DAKOTACARE	HeartLine Plus	*						\$195.71	\$179.39	*			*		*	86	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*				97	*
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*			*				91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*				91	*
		Sterling Option I				*			\$38.00	-									
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			*				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*				90	*
	MedicareBlue PPO Enhanced			*					\$84.02	-									
	MedicareBlue PPO Enhanced Plus Rx 1			*					\$124.60	\$40.58		*		*				90	*
	MedicareBlue PPO Enhanced Plus Rx 2			*					\$137.92	\$53.90	*			*				97	*
BRULE	DAKOTACARE	HeartLine Plus	*						\$195.71	\$179.39	*			*		*	86	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*				97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
		Sterling Option I				*			\$38.00	-									
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			*				\$30.22	-									
	MedicareBlue PPO Essential Plus Rx 1			*					\$70.80	\$40.58		*		*				90	*
	MedicareBlue PPO Enhanced			*					\$84.02	-									
	MedicareBlue PPO Enhanced Plus Rx 1			*					\$124.60	\$40.58		*		*				90	*
	MedicareBlue PPO Enhanced Plus Rx 2			*					\$137.92	\$53.90	*			*				97	*

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

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Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
BUFFALO	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
		Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
BUTTE		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I				•			\$38.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
CAMPBELL		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•

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			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
CHARLES MIX	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
		Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
CLARK		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I				•			\$38.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
CLAY		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•

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			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
CODINGTON	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
CORSON		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
CUSTER		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
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	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
		Sterling Option I				*			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			*				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*
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		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
DAY	DAKOTACARE	HeartLine Plus	*						\$195.71	\$179.39	*			*		*	86	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*
		Sterling Option I				*			\$38.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			*				\$30.22	-								
	MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*
DEUEL	DAKOTACARE	HeartLine Plus	*						\$195.71	\$179.39	*			*		*	86	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*
		Sterling Option I				*			\$38.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			*				\$30.22	-								
	MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*

## South Dakota Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).  
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
DEWEY	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•	Reduced		•		•	86	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-									
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-									
	Sterling Option I	Sterling Option I				•			\$38.00	-									
	Wellmark Blue Cross Blue Shield of South Dakota																		
		MedicareBlue PPO Essential			•				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•	
DOUGLAS	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•	
	Sterling Option I	Sterling Option I				•			\$38.00	-									
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•	
	Wellmark Blue Cross Blue Shield of South Dakota				•				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58			•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•	
EDMUNDS	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-									
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-									
	Sterling Option I	Sterling Option I				•			\$38.00	-									
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•	
	Wellmark Blue Cross Blue Shield of South Dakota				•				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58			•		•		90	•	
		MedicareBlue PPO Enhanced			•				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58			•		•		90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•	

## South Dakota Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).  
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
FALL RIVER	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
		Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	FAULK	DAKOTACARE	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
		Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	GRANT	DAKOTACARE	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•



## South Dakota Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).  
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
GREGORY	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
HAAKON		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
HAMLIN		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•

## South Dakota Medicare Advantage, Cost Plans, and Demonstrations

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
HAND	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•	Reduced		•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I	Sterling Option I				•			\$38.00	-							
		Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-							
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
HANSON	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I	Sterling Option I				•			\$38.00	-							
		United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
HARDING	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
		Sterling Option I	Sterling Option I				•			\$38.00	-							
		UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
		Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-							
			MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•

## South Dakota Medicare Advantage, Cost Plans, and Demonstrations

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
HUGHES	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	United Healthcare Insurance Company																	
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
HUTCHINSON		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
		Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	United Healthcare Insurance Company																	
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
HYDE		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	United Healthcare Insurance Company																	
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•

## South Dakota Medicare Advantage, Cost Plans, and Demonstrations

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*				Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
JACKSON	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•	Reduced		•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
		Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
		Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•			\$30.22	-								
			MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•
			MedicareBlue PPO Enhanced			•			\$84.02	-								
			MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•
			MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•
	JERAULD	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
JONES	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•

## South Dakota Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
KINGSBURY	DAKOTACARE	HeartLine Plus	•					\$195.71	\$179.39	•	Reduced		•			86	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•			•			97	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-									
		Sterling Option I				•		\$38.00	-									
		UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•			•			97	•	
		Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•		\$30.22	-									
			MedicareBlue PPO Essential Plus Rx 1			•		\$70.80	\$40.58		•		•			90	•	
			MedicareBlue PPO Enhanced			•		\$84.02	-									
			MedicareBlue PPO Enhanced Plus Rx 1			•		\$124.60	\$40.58		•		•			90	•	
LAKE		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	DAKOTACARE	HeartLine Plus	•					\$195.71	\$179.39	•			•		•	86	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•			•			97	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-									
		Sterling Option I				•		\$38.00	-									
		UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•			•			97	•	
		Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•		\$30.22	-									
			MedicareBlue PPO Essential Plus Rx 1			•		\$70.80	\$40.58		•		•			90	•	
			MedicareBlue PPO Enhanced			•		\$84.02	-									
LAWRENCE		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	DAKOTACARE	HeartLine Plus	•					\$195.71	\$179.39	•			•		•	86	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•			•			97	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-									
		Sterling Option I				•		\$38.00	-									
		UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•			•			97	•	
		Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•		\$30.22	-									
			MedicareBlue PPO Essential Plus Rx 1			•		\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•		\$84.02	-										
		MedicareBlue PPO Enhanced Plus Rx 1			•		\$124.60	\$40.58		•		•			90	•		
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	

## South Dakota Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands				
County	Organization Name	Plan Name																Mail Order Offered		
LINCOLN	DAKOTACARE	HeartLine Plus	*						\$195.71	\$179.39	*	Reduced		\$250	*		*	86	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*				*			97	*	
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*				*			91	*	
		Prime Solution Enhanced					*		\$141.53	\$26.53	*				*			91	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-									
			SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
		Sterling Option I	Sterling Option I				*			\$38.00	-									
		Wellmark Blue Cross Blue Shield of South Dakota																		
			MedicareBlue PPO Essential			*				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*			*			90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-										
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*			*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*				*			97	*	
LYMAN	DAKOTACARE	HeartLine Plus	*						\$195.71	\$179.39	*				*		*	86	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*				*			97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-										
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-										
	Sterling Option I	Sterling Option I				*			\$38.00	-										
	Wellmark Blue Cross Blue Shield of South Dakota																			
		MedicareBlue PPO Essential			*				\$30.22	-										
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*			*			90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-										
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*			*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*				*			97	*	
MARSHALL	DAKOTACARE	HeartLine Plus	*						\$195.71	\$179.39	*				*		*	86	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*				*			97	*	
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*				*			91	*	
		Prime Solution Enhanced					*		\$141.53	\$26.53	*				*			91	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-										
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-										
	Sterling Option I	Sterling Option I				*			\$38.00	-										
		UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*				*			97	*	
	Wellmark Blue Cross Blue Shield of South Dakota																			
		MedicareBlue PPO Essential			*				\$30.22	-										
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*			*			90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-										
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*			*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*				*			97	*	

## South Dakota Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
MC COOK	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	United Healthcare Insurance Company																	
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
MC PHERSON		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	United Healthcare Insurance Company																	
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
MEADE		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	United Healthcare Insurance Company																	
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•

## South Dakota Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
MELLETTTE	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•	Reduced		•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
		Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-							
			MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•		90	•
			MedicareBlue PPO Enhanced			•				\$84.02	-							
			MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•		90	•
MINER		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
		Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-							
			MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•		90	•
			MedicareBlue PPO Enhanced			•				\$84.02	-							
MINNEHAHA		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
		Sterling Option I				•			\$38.00	-								
		Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-							
			MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•		90	•
			MedicareBlue PPO Enhanced			•				\$84.02	-							
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•		90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•



## South Dakota Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
MOODY	DAKOTACARE	HeartLine Plus	*					\$195.71	\$179.39	*	Reduced		*		*	86	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*		\$0.00	\$0.00	*			*			97	*	
	Medica Insurance Company	Prime Solution Basic					*	\$122.53	\$26.53	*			*			91	*	
		Prime Solution Enhanced					*	\$141.53	\$26.53	*			*			91	*	
		Sterling Option I				*		\$38.00	-									
		UnitedHealthcare MedicareComp Essential Rx				*		\$0.00	\$0.00	*			*			97	*	
		Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			*		\$30.22	-									
			MedicareBlue PPO Essential Plus Rx 1			*		\$70.80	\$40.58		*		*			90	*	
			MedicareBlue PPO Enhanced			*		\$84.02	-									
			MedicareBlue PPO Enhanced Plus Rx 1			*		\$124.60	\$40.58		*		*			90	*	
PENNINGTON		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*			*			97	*	
	DAKOTACARE	HeartLine Plus	*					\$195.71	\$179.39	*			*		*	86	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*		\$0.00	\$0.00	*			*			97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
		Sterling Option I				*		\$38.00	-									
		Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			*		\$30.22	-									
			MedicareBlue PPO Essential Plus Rx 1			*		\$70.80	\$40.58		*		*			90	*	
			MedicareBlue PPO Enhanced			*		\$84.02	-									
			MedicareBlue PPO Enhanced Plus Rx 1			*		\$124.60	\$40.58		*		*			90	*	
PERKINS		MedicareBlue PPO Enhanced Plus Rx 2			*			\$137.92	\$53.90	*			*			97	*	
	DAKOTACARE	HeartLine Plus	*					\$195.71	\$179.39	*			*		*	86	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*		\$0.00	\$0.00	*			*			97	*	
		Sterling Option I				*		\$38.00	-									
		UnitedHealthcare MedicareComp Essential Rx				*		\$0.00	\$0.00	*			*			97	*	
		Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			*		\$30.22	-									
			MedicareBlue PPO Essential Plus Rx 1			*		\$70.80	\$40.58		*		*			90	*	
			MedicareBlue PPO Enhanced			*		\$84.02	-									
			MedicareBlue PPO Enhanced Plus Rx 1			*		\$124.60	\$40.58		*		*			90	*	
			MedicareBlue PPO Enhanced Plus Rx 2			*		\$137.92	\$53.90	*			*			97	*	

## South Dakota Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan									Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered	
POTTER	DAKOTACARE	HeartLine Plus	*						\$195.71	\$179.39	*			*		*	86	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*	
	Sterling Option I	Sterling Option I				*			\$38.00	-									
		UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*	
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			*				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*	
	ROBERTS	DAKOTACARE	HeartLine Plus	*						\$195.71	\$179.39	*			*		*	86	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*	
	Medica Insurance Company	Prime Solution Basic					*		\$122.53	\$26.53	*			*			91	*	
		Prime Solution Enhanced					*		\$141.53	\$26.53	*			*			91	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
	Sterling Option I	Sterling Option I				*			\$38.00	-									
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*	
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			*				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*	
SANBORN	DAKOTACARE	HeartLine Plus	*						\$195.71	\$179.39	*			*		*	86	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				*			\$0.00	\$0.00	*			*			97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
	Sterling Option I	Sterling Option I				*			\$38.00	-									
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*	
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			*				\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			*				\$70.80	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced			*				\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			*				\$124.60	\$40.58		*		*			90	*	
		MedicareBlue PPO Enhanced Plus Rx 2			*				\$137.92	\$53.90	*			*			97	*	

## South Dakota Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
SHANNON	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
		Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
SPINK		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
		Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
STANLEY		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I				•			\$38.00	-								
	UnitedHealthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•

## South Dakota Medicare Advantage, Cost Plans, and Demonstrations

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
SULLY	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
TODD		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
TRIPP		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•

## South Dakota Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
TURNER	DAKOTACARE	HeartLine Plus	•					\$195.71	\$179.39	•	Reduced		•			86	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•			•			97	•	
	Sterling Option I	Sterling Option I				•		\$38.00	-									
		UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•			•			97	•	
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
	UNION	DAKOTACARE	HeartLine Plus	•					\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•			•			97	•	
	Sterling Option I	Sterling Option I				•		\$38.00	-									
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	
WALWORTH	DAKOTACARE	HeartLine Plus	•					\$195.71	\$179.39	•			•		•	86	•	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•			•			97	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-									
	Sterling Option I	Sterling Option I				•		\$38.00	-									
		UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00	•			•			97	•	
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•			\$30.22	-									
		MedicareBlue PPO Essential Plus Rx 1			•			\$70.80	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced			•			\$84.02	-									
		MedicareBlue PPO Enhanced Plus Rx 1			•			\$124.60	\$40.58		•		•			90	•	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•	

## South Dakota Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*				Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
WASHABAUGH	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I	Sterling Option I				•			\$38.00	-							
		Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-							
			MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	YANKTON	DAKOTACARE	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
		Sterling Option I				•			\$38.00	-								
		Wellmark Blue Cross Blue Shield of South Dakota			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58			•	•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58			•	•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
	ZIEBACH	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58			•	•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58			•	•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•